

# RECORD OF REQUEST FOR PURCHASE OF POLITICAL TIME

## CANDIDATE/AUTHORIZED COMMITTEE FORM

FORM TO BE COMPLETED AT TIME OF ORDER AND PLACED IN POLITICAL/ PUBLIC INSPECTION FILE

1. **Date of Request:** 8/9/2018
2. **Name of Agency making the Request:** Ethica Media
3. **Address of Agency making the Request:** 1225 Franklin Avenue #325  
Garden City, NY 11530
4. **Name of Agency Contact making the Request:** Carole Mundy
5. **Telephone Number of Agency Contact making the Request:** 646-950-243
6. **Name of Candidate:** Paul Soglin
7. **Name of Candidate's Authorized Committee:** Paul Soglin for Governor
8. **Name of Treasurer of Candidate's Committee:** Scott Herrick
9. **Legally-Qualified Candidate for the Office of:** Governor  
**In the State/District/City/other of:** Wisconsin
10. **Election:**  

|                  |                                     |          |                                     |            |                          |       |                          |
|------------------|-------------------------------------|----------|-------------------------------------|------------|--------------------------|-------|--------------------------|
| PRIMARY ELECTION | <input checked="" type="checkbox"/> | Democrat | <input checked="" type="checkbox"/> | Republican | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| GENERAL ELECTION | <input type="checkbox"/>            | Democrat | <input type="checkbox"/>            | Republican | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| CAUCUS           | <input type="checkbox"/>            | Democrat | <input type="checkbox"/>            | Republican | <input type="checkbox"/> | Other | <input type="checkbox"/> |
11. **Request to Purchase Time:** ☐ ACCEPTED BY SYSTEM ☐ REJECTED BY SYSTEM
12. **Reason for Rejection:**  
\_\_\_\_\_
13. **If request to purchase time is ACCEPTED attach a copy of (i) the Insertion Order/Agreement including schedule of time purchased, rates charged, class of time purchased, (ii) Invoice, and (iii) Affidavit of Performance indicating dates and times the advertisement aired.**

**Signed:**

**Date:** \_\_\_\_\_

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Signature of Individual Receiving Request